



Davis College

Johnson City, NY

July 22-25, 2009

Children's Camp Registration Form

Name: _____ Last Name: _____

Child Chaperone Staff Volunteer

Mailing Address: _____ State: _____ Zip Code _____

Church: _____ Pastor: _____

Church Mailing Address: _____ State: _____ Zip Code _____

Church Phone Number _____ Church Email or Website: _____

Emergency Contact Information

In the event of an emergency, who would you like us to contact?

Name: _____ Relationship _____

Address: _____

Phone Number: _____ Alternate Phone Number _____

Allergies to any food or medication _____

Consent Signature for Minors

I hereby give my consent for my child to be videotaped during the BCNY's Children's Camp with the understanding that images obtained will be used for the sole purpose of promoting this event.

Parent or Guardian's Signature is required if registrant is a minor

Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____